## Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>9/11/2010</u>	Address:	US 30 WB @ Pine Rd,	
Case #:	24F31882		<u>Plymouth</u>	
County:	<u>Marshall</u>		<u>Indiana</u>	
Type of Laboratory Seizure (check one)  ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Seizure Location (a Residence Outbuilding Vehicle	theck all that apply)  Hotel/Motel Open No Structure Other:	
Check all the   Lithium   Red Pho   Flamma   Water R   Anhydro   Hydrocl   Corrosiv   Corrosiv	ad: Location (bedroom, kitchen, open ai at apply)  /Ammonia Reaction(s):  bsphorous/lodine Reaction(s):  ble Solvents: in vehicle  leactive Metal (Lithium): in vehicle  bus Ammonia:  ploric Acid Gas Generator(s):  ye Acid: in vehicle  ye Base:  tern and location):	<u>r. elc)</u>		
Child under age 18 discovered (check one)  Yes (number present)  No *H yes, fax report to Child Protective Services  This report is to be faxed to the following agence Fire Department: PLYMOUTH FD		☐ Ephedrin ☐ Retail/Mo ☒ Other: <u>LE</u> cies that serve the lo	Investigative Information  ☐ Ephcdrine/Pseudoephedrine Tracking Log ☐ Retail/Merchant Tip ☐ Other:LE  that serve the location:  Fax: 574-936-2156	
Health Depa	artment: MARSHALL COUNTY ction Service: n/a	Fax: (574) 936-9247 Fax:		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Tpr. Jeff Wampler</u> Phone <u>574-546-4900</u>				

- \*\* This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- \*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.